

BROOKHAVEN NATIONAL LABORATORY

ASSOCIATED UNIVERSITIES, INC.

UPTON, L. I., N. Y.

TEL YAPHANK 4 6262

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May 1, 1961

Mr. Jonathan B. Bingham
 U. S. Representative to the
 Trusteeship Council of the United Nations
 U. S. Mission to the United Nations
 2 Park Avenue
 New York 16, N.Y.

Dear Mr. Bingham:

As you requested in our interview of April 29th, the following information concerns the last annual medical survey carried out in the Marshall Islands in March, 1961.

The following personnel participated in the survey: From the United States, 5 medical experts; 5 medical technicians. From the Trust Territory Department of Public Health, 1 physician; 1 dentist; 1 medical practitioner; 4 Marshallese technicians and 1 Marshallese interpreter. In addition, there were about 5 Marshallese who assisted, generally, with the examinations.

It was necessary to carry out examinations on other Islands in addition to Rongelap since some of the people have moved to these Islands. The following groups were examined at the dates indicated.

<u>Location</u>	<u>Dates</u>	<u>People Exposed To Fallout</u>	<u>Unexposed Rongelap People</u>	<u>Total</u>
Kwajalein	Mar. 11, 12	9	26	35
Majuro	Mar. 14, 15, 16	7	23	30
Rongelap	Mar. 20 - 31	83*	118	201

*Includes children of exposed.

The medical survey included the following examinations:

1. Interval medical histories.
2. Complete physical examinations including special cancer

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detection studies, growth and development measurements in children, and aging studies.

3. Complete hematological examinations including white blood cell counts, red blood cell counts, differential counts, hematocrit, hemoglobin, special smears for alkaline phosphatase and basophile counts, and in certain cases, reticulocyte counts. Blood samples were brought back for other studies such as iron, calcium, and phosphorous determinations, cholesterol levels, etc., to be carried out in laboratories in the United States.

4. Urine analyses, routine and collections for radiochemical analysis.

5. Food collections for radiochemical analysis.

6. X-ray examinations for growth and development studies in children, and chest plates in adults.

7. Whole body counts (gamma spectroscopy) were carried out to determine the levels of radioactivity in the people using the 21-ton steel room on board ship.

The medical data has not as yet been analyzed but it can be stated that there were no apparent illnesses or disabilities related to radiation effects and the state of nutrition appeared to be generally good and about the same as has been noted in the past years. There had been no deaths in the past year in the exposed population.

I would like to review again, briefly, some of the complaints the Rongelap people expressed at a meeting we held with them on our recent survey. These complaints I understand were about the same that were expressed to the United Nations group. Some of the people complained of feeling weak but we found no medical reason for such a complaint. They complained again this year about poisoning by certain fish, inferring that it was the result of fallout. They claim that certain fish have a black spot in their abdomen, which they believe is a result

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of radiation and causes the sickness. The actual radiation levels in the fish is extremely low and since fish poisoning has been present in these islands long before the fallout accident, there is no apparent reason to connect radiation with this complaint. The only item in their diet which is forbidden them is the coconut crab and this is due to the fact that these crabs selectively concentrate Strontium-90. Coconut crabs are considered a delicacy by the people and they are disgruntled by the fact they're not allowed to eat them. Radioactivity levels in other foods are quite low and considered quite safe for consumption. Another complaint was that the coconuts were small and that there were certain changes in coconuts and pandanus trees, which they believe are due to fallout. It is true that there are some peculiarities in the vegetation of the northernmost islands (which received a much heavier dose of radiation), but it is not known whether these peculiarities are due to radiation. At any rate, the number of coconut trees involved appear small and would not likely, in my opinion, influence their economy. Another complaint that I had not heard before was that several people had gotten inflammation and blistering of the mouth from eating arrowroot flour, which they believe was due to radiation. Again the radiation levels in this plant is very low and could not produce such effects. It seems more likely that these effects resulted from improper preparation of the flour, which has been known to produce such symptoms. The abnormal baby that was born and died after a few days (an encephalic) was born of an unexposed woman and it was not felt that radiation had anything to do with this.

I hope that the above information will be of some help to you. We should have more of the data analyzed by the time the Trusteeship Council meets in June and I will be glad to furnish any further information that you may want.

It was a pleasure meeting with you and I hope that you will have an opportunity some time to visit us here at Brookhaven.

Sincerely yours,

Robert A. Conrad
Robert A. Conrad, M.D.
Medical Research Center

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